

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 27 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11152007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000121017					
1. Entity Name PIERSON FAMILY LAUNDRY, LLC					
Principal Place of Business 302 S. CENTER STREET PIERSON, FL 32180			Mailing Address 80 MELODIE LANE DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 102 N. VOLUSIA AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State PIERSON FL		
Zip	Country	Zip	Country	4. FEI Number 20-8075854	
32180		32180	VOLUSIA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SNOPESTAD, AURORA M 80 MELODIE LANE DELAND, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 N. VOLUSIA AVE. City PIERSON FL Zip Code 32180	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Aurora Snopstad</i> DATE <i>Nov 15, 07</i> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANTA, PEDRO L 80 MELODIE LANE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON FL 32180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANTA, TANIA S 80 MELODIE LANE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON FL 32180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNOPESTAD, AURORA M 80 MELODIE LANE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 N. VOLUSIA AVE. PIERSON FL 32180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112456404 11/20/07--01014--017 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Aurora Snopstad</i> DATE: <i>Nov. 15, 07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					